

TITLE 22. CALIFORNIA CODE OF REGULATIONS  
Chapter 9. Psychiatric Health Facilities  
Article 1. Definitions.

ADOPT

Section 77028. Sanction.

Sanction means a penalty imposed against a psychiatric health facility for noncompliance with regulations and laws pertaining to psychiatric health facilities.

Sanctions may include:

- (a) Cease and desist orders.
- (b) Monetary penalties.
- (c) License suspension.
- (d) License revocation.

NOTE: Authority cited: Section 4080(j)(2), Welfare and Institutions Code and Section 1275, Health and Safety Code. Reference: Section 4080(j), Welfare and Institutions Code.

ADOPT

Section 77030. Structured Outpatient Services.

Structured Outpatient Services (SOPS) are services provided on a less than 24-hour basis by a psychiatric health facility with special permit from the Department.

NOTE: Authority cited: ~~Section 1250.2(b)~~ Sections 1254(e) and 1275 of the, Health and Safety Code. Reference: Sections 1250.2(b) and 1266.1(f) (3)(C), Health and Safety Code.

## Article 2. Licensing and Inspection.

### AMEND

#### Section 77038. Application Procedure For Obtaining A License.

(a) Whenever an application is submitted pursuant to Sections ~~77037~~ **or 77070**:

(1) The Department shall inform the applicant, within 30 calendar days of receipt of an application for a license **or special permit**, that the application is complete and accepted for filing, or that the application is deficient and what specific information, documentation, or fee is required to complete the application.

(2) It is considered complete when all documents, information or fees required to be submitted on or with an application have been received by the Department.

(b) If the applicant fails to respond within 30 calendar days to the Department's request pursuant to (a)(1) above for additional information, documentation, or fees, the application shall be deemed to have been withdrawn by the applicant.

(c) Any applicant deemed to have withdrawn an application pursuant to subsection (b) above may re-apply by submitting a new application.

(d) The Department, within 60 calendar days of submission of a completed application, shall notify the applicant in writing, of the agency's decision regarding the application.

(e) If the Department fails to notify an applicant within the time period specified in (d) above, the applicant may appeal in writing directly to the Director. The written appeal shall include:

(1) An identification of the applicant and the application;

(2) The date upon which the application was submitted;

(3) A copy of any correspondence between the Department and the applicant regarding the application; and

(4) Any other information which the applicant wishes to submit regarding the timeliness of the Department's consideration of the application.

(f) Nothing in this section shall be construed to require the Department **to** issue a license as a psychiatric health facility

NOTE: Authority cited: Section 15376, Government Code and ~~Sections 208(a), 1254~~ **and** Section 1275, Health and Safety Code. Reference: Sections 15376 and 15378, Government Code and Sections 1253, 1265, 1275.1 and 1276, Health and Safety Code.

## AMEND

### Section 77039. Safety, Zoning And Building Clearance.

(a) A license shall not be issued to any psychiatric health facility which does not conform to the State Fire Marshal's requirement for fire and life safety, the State requirements for environmental impact, and local fire safety, zoning and building ordinances. ~~Evidence~~ **The following evidence** of such compliance shall be presented in writing to the Department.;

(1) The facility must obtain a fire clearance consistent with State Fire Marshal standards for psychiatric health facilities.

(2) The evidence of compliance must contain approval for the facility to use restraint and seclusion as required in Section 77101 (a) and (b).

(b) It shall be the responsibility of the licensee to maintain the psychiatric health facility in a safe structural condition. If the Department determines that an evaluation of the structural condition of a psychiatric health facility building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis for eliminating or correcting the structural conditions which are found to be hazardous to occupants.

(c) Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water delivered to plumbing fixtures used by patients in compliance with Sections 611.0-611.9, Part 5, Title 24, California Code of Regulations.

NOTE: Authority cited: Sections ~~208(a)~~, **and 1254 and 1275**, Health and Safety Code.  
Reference: Sections 1253, 1265, 1275.1 and ~~1277~~ 1276, Health and Safety Code.

## AMEND

### Section 77043. Separate License.

(a) A separate license shall be required for each psychiatric health facility that is maintained on separate premises even though they are under the same management.

(b) Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds provided that they operate as one psychiatric health facility.

(c) A licensed psychiatric health facility shall not provide services other than those provided in these regulations, or hold any other license or certificate to provide services, without the written permission of the Department.

(d) A psychiatric health facility shall not be dependent upon any other facility for its staff, facility or program.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.

Reference: Sections 1250.2, 1253 and 1275.1, Health and Safety Code

## AMEND

### Section 77045. Posting Of License And Consumer Information.

(a) The license, or a true copy thereof, shall be posted in a prominent location within the licensed premises and accessible to public view.

(b) Any approval of the Department granted under program flexibility shall be posted immediately adjacent to the facility's license.

(c) The following consumer information shall be posted in a prominent location accessible to public view.

(1) Name of the current administrator of the facility.

(2) A notice that the facility's written admission and discharge policies are available upon request.

(3) Most recent licensing visit report supported by the related follow-up plan of correction visit reports or a posted statement that such documents are available upon request for public review at the facility.

(4) A notice of the name, address and telephone number of the ~~district office of the Licensing and Certification Division, Department of Health Services, Department of~~ Mental Health division having jurisdiction over the facility.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.

Reference: ~~Sections~~ Section 1275.1, Health and Safety Code.

AMEND

Section 77052. ~~Suspension And Revocation~~ Imposition of Sanctions.

The suspension and revocation of a license shall be initiated in accordance with Health and Safety Code, Section 1294. The Director may impose sanctions when a facility demonstrates a ~~substantial~~ failure to comply with the laws and regulations that govern psychiatric health facilities ~~or when a facility fails to make a good faith effort to correct a cited deficiency.~~

(a) The Department shall issue a cease and desist order if, in the opinion of the Department, an immediate danger to the health, welfare and safety of the facility's patients exists.

(b) Monetary penalties levied against a facility shall be in accordance with Welfare and Institutions Code, Section 4080 (j)(1)(B).

NOTE: Authority cited: ~~Sections 208(a) and Section~~ 1275, Health and Safety Code; **and Section 4080(f), Welfare and Institutions Code.** Reference: ~~Section 4080(j), Welfare and Institutions Code and~~ Sections 1275.1 and 1294, Health and Safety Code; and Section 4080(j), Welfare and Institutions Code.

ADOPT

77052.5. Appeal of Sanctions

(a) The licensee may appeal any sanctions imposed by submitting a written appeal to the Director within 30 calendar days of the issuance of the sanction.

**(b) ~~The Director shall designate a chairperson to conduct a sanction review conference within 60 calendar days of the receipt of the written appeal. Upon receipt of a written appeal by the licensee, the Director shall set the matter for hearing within 15 days.~~**

(1) The licensee can be represented by legal counsel at the licensee's expense, or a person of the licensee's choosing, to present oral or written information on the licensee's behalf, and to explain any mitigating circumstances.

(2) The Department representatives who issued the citation shall attend the conference and present information, oral or written, in substantiation of the alleged noncompliance.

**(3) ~~The conference shall be an informal proceeding, and shall not be conducted in the manner of a judicial hearing or as a hearing under the Administrative Procedure Act (Chapter 5 [commencing with Section 11500] of Part 1 of Division 3 of Title 2 of the Government Code), and need not be conducted according to technical rules relating to evidence and witnesses. The sanction shall remain in effect until such time as the hearing is completed and the Director has made a final determination.~~**

(4) Neither the licensee nor the Department shall have the right to subpoena any witness to attend the conference, to record testimony at the conference, nor to formally cross-examine any person testifying at the conference. However, the licensee and the Department may present any witness on its behalf at the conference.

**(5) ~~If the provision of Chapter 2 (commencing with Section 1250), Division 2, health and Safety Code, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the license of such organization or may suspend the license as to any individual person within such organization who is responsible for such violation.~~**

**(c) ~~The withdrawal of an application for a license shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground, unless the Department consents in writing to such withdrawal.~~**

**(d) ~~The suspension, expiration, or forfeiture of a license issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking a license or otherwise taking disciplinary action against the licensee on any such ground.~~**

NOTE: Authority cited: Section 1275, Health and Safety Code; Section 4080(j)(2), Welfare and Institutions Code. Reference: Section 4080(j), Welfare and Institutions Code.



### Article 3. Services.

#### AMEND

#### Section 77061. Staffing.

(a) The facility shall have a clinical director who shall be a licensed mental health professional and qualified in accordance with section 77093 of these regulations.

(b) The clinical director may also serve as the administrator.

(c) The clinical director shall designate a clinical psychologist or psychiatrist to review and approve interdisciplinary treatment plans.

(d) A physician shall be on-call at all times for the provision of physical health care and those services which can only be provided by a physician. The person in charge of patient care services on each shift shall be provided with the names(s) and means of locating and contacting the available physician. Patients requiring general acute physical health care shall be diverted from admission or transferred to a general acute care hospital. An individual patient may be admitted to a psychiatric health facility if the individual's physical health care could otherwise be managed on an outpatient basis.

(e) If the clinical director is not a physician, responsibility for those aspects of an individual treatment plan which may only be performed by a physician., shall be assumed by a physician.

(f) During the absence of any staff required in subsection (h)(1) below there shall be a substitute person with the required qualifications to provide the number of hours of services required.

(g) Community practitioners who are approved to admit and/or attend patients in the facility may be calculated as part of the staffing pattern only if they are retained by written contract to provide services for a specified number of hours to the patients at the facility.

(h) Each facility shall meet the following full-time equivalent staff to census ratio, in a 24 hour period:

(1) Inpatient Census:

	1- 10	11- 20	21- 30	31- 40	41- 50	51- 60	61- 70	71- 80	81- 90	91- 100
<i>Staff</i>										
<b>Psychiatrist or Clinical Psychologist or Clinical Social Worker or Marriage, Family and Child Counselor</b>	1	2	3	4	5	6	7	8	9	10

<b>Registered Nurse or Licensed Vocational Nurse or Psychiatric Technician</b>	4	5	6	8	10	12	14	16	18	20
<b>Mental Health Worker</b>	<u>3</u>	<u>5</u>	<u>8</u>	<u>10</u>	<u>13</u>	<u>15</u>	<u>18</u>	<u>20</u>	<u>23</u>	<u>25</u>
<b>Totals</b>	8	12	17	22	28	33	39	44	50	55

(2) For facilities in excess of 100 beds, staffing shall be provided in the ratios as in (1) above.

(3) A registered nurse shall be employed 40 hours per week.

(4) There shall be a registered nurse, a licensed vocational nurse, or a psychiatric technician awake and on duty in the facility at all times.

(i) The required staffing ratio shall be calculated based upon the inpatient census and shall provide services only to psychiatric health facility patients.

(j) Regardless of the minimum staffing required in subsection (h)(1) above, the facility shall employ professional and other staff on all shifts in the number and with the qualifications to provide the necessary services for those patients admitted for care.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.

Reference: Sections 1250.2, and 1275.1, Health and Safety Code.

## AMEND

### Section 77065. Psychiatric Nursing Services.

(a) Psychiatric nursing services shall be designed to meet the objectives of each patient's interdisciplinary treatment plan.

(b) Policies and procedures for the administration of medications shall be implemented by the psychiatric nursing service.

(c) Nursing services shall include the development of a nursing care plan based upon an initial written and continuing assessment with input from health professionals involved in the care of the patient. Initial assessments shall commence at the time of admission of the patient and be completed within 72 hours after admission. Nursing care plans shall either be included as a part of the interdisciplinary treatment plan or occupy a unique section of the patient record.

(d) Written nursing services policies and procedures shall be developed which include:

(1) A current nursing procedure manual appropriate to the patients served by the facility.

(2) Provision for the inventory and identification of patients' personal possessions, equipment and valuables.

(3) Screening of all patients for tuberculosis upon admission. A tuberculosis screening procedure may not be required if there is satisfactory written evidence available that a tuberculosis screening procedure has been completed within 90 days of the date of admission to the facility. Subsequent tuberculosis screening procedures shall be determined by a physician.

(4) Notification of practitioner regarding sudden or marked adverse change in a patient's condition.

(5) Conditions under which restraints are used, the application of restraints, and the mechanism used for monitoring and controlling their use.

(6) A planned and systematic process for the monitoring and evaluation of the quality and appropriateness of patient care and for resolving identified problems.

(e) Psychiatric nursing policies and procedures shall either be integrated into a separate section of a general manual or contained in a policy and procedure manual dedicated to nursing policies and procedures.

~~(e)~~ (f) There shall be a written staffing pattern which shall show:

(1) Total numbers of staff including full-time and full-time equivalents.

(2) The available nursing care hours for each nursing unit.

(3) The categories of staff available for patient care.

~~(f)~~ (g) The psychiatric nursing service shall be under the direction of a registered nurse who shall meet at least the following qualification:

(1) Master's degree in psychiatric nursing or related field with experience in administration; or

(2) Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration; or

(3) Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.

(h) Psychiatric health facility policies and procedures ~~must~~ shall specify how a registered nurse will exercise authority and carry out the responsibility of supervising nursing activities such as, but not limited to:

- (1) Dispensing, and recording of medication(s).
- (2) Documenting patients' nursing care needs in the interdisciplinary treatment plan.
- (3) Implementing nursing procedures.
- (4) Providing inservice education related to nursing activities.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.

Reference: Sections 1250.2, and 1275.1, Health and Safety Code.

## AMEND

### Section 77069. Rehabilitation Services.

(a) Rehabilitation services mean those activities provided by occupational therapists, physical therapists or recreation therapists under the general direction of the clinical director to restore, establish and maintain optimum levels of social, vocational and physical functioning and to minimize residual disabilities of patients. Rehabilitation services provided in a psychiatric health facility are to be designed to meet the needs of acute psychiatric inpatients.

(b) In accordance with established policies and procedures, the scope of these activities shall include at least the following:

- (1) Social activities which involve group participation.
- (2) Recreational activities, both indoor and outdoor.
- (3) Opportunity to participate in activities outside of the facility if appropriate.
- (4) Exercises.

(c) A physician shall prescribe in the health record the level of physical activity in which a patient may engage.

NOTE: Authority cited: ~~Sections 208 (a) and~~ Section 1275, Health and Safety Code.  
Reference: Sections 1250.2, and 1275.1, Health and Safety Code.

ADOPT

Section 77070. Structured Outpatient Services Program.

(a) An application for a special permit for structured outpatient services shall include all of the following:

(1) The identification of a structured outpatient services coordinator.

(2) A written policy that the facility will have staffing based on census consistent with Section 77061(h), for the services to be provided under the special permit.

(b) The Department may require the applicant to provide verification and clarification of information submitted in an application.

(c) Structured outpatient services shall be an alternative to admission to inpatient services, aftercare services following discharge from inpatient care, or both.

(1) Structured outpatient services are not to exceed 10 daytime hours.

(2) The charge for patients in both a morning and an afternoon program on the same day shall not exceed 60 percent of the facility's authorized per diem charge for inpatient services.

(3) The charge for patients in either a morning or afternoon program shall not exceed 30 percent of the facility's authorized per diem charge for inpatient services.

(d) The facility shall have staffing for the services to be provided under the special permit in addition to that required by Section 77061.

(1) Staff shall meet the same professional standards as required under these regulations.

(2) The facility shall appoint a coordinator of structured outpatient services.

(e) When a facility is issued a permit, structured outpatient services are to be provided as one of the program aspects of the psychiatric health facility.

NOTE: Authority cited: ~~Section 1250.2(b)~~ Sections 1254(e) and 1275 of the, Health and Safety Code. Reference: ~~Sections 1250.2(b) and 1266.1(f)(3)(C) of the,~~ Health and Safety Code.

## AMEND

### Section 77079.5. Pharmaceutical Services - Orders For Drugs.

(a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.

(b) All drug orders shall be written, dated, timed and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of therapy, dosage and time or frequency of administration of the drug and route of administration if other than oral shall be specified ~~shall be specified~~. "PRN" orders shall also include the indication for the use of the drug.

(c) Verbal orders for drugs and treatment shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians and physician's assistants from their supervising physicians only. Such orders shall be recorded immediately in the patient's health record by the person receiving the order and shall include the date and time of the order. The order shall be signed by the prescriber within 24 hours excluding weekends and holidays.

(d) The signing of orders shall be by signature or a personal computer key. Signature stamps shall not be used.

NOTE: Authority cited: ~~Sections 208 (a) and~~ Section 1275, Health and Safety Code.  
Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

## AMEND

### Section 77079.11. Pharmaceutical Services - ~~Unit Dose Medication~~ Distribution System.

(a) In facilities utilizing a unit dose medication system, there shall be at least a 24-hour supply of all patient medications on hand at all ~~items~~ **times**, except those drugs which are to be discontinued within the 24-hour period. Drugs that are part of a unit dose medication system shall not exceed a 48-hour supply.

(b) Facilities may utilize a floor stock medication system in lieu of a unit dose medication system.

NOTE: Authority cited: ~~Sections 208 (a) and~~ Section 1275, Health and Safety Code.

Reference: Section 1275.1, Health and Safety Code; Sections 650 and 651, Business and Professions Code.



## AMEND

### Section 77083. Organized Clinical Staff.

(a) The organized clinical staff shall be composed of all licensed mental health professionals as included in section 77012 or other licensed practitioners who have admitting and/or treatment privileges in the facility and shall be responsible for the following:

(1) A formal peer review process which, in order to improve the quality of care, will review and evaluate the adequacy, appropriateness, and effectiveness of the care and treatment planned for, or provided to, facility patients;

(2) In conjunction with the pharmacist's monthly drug regimen review, a medication monitoring system that will assess the prescribing practices of the professional staff of the facility with respect to appropriateness and cost effectiveness of the medications ordered for the patients of the facility. The medication monitoring requirements specified in this subsection shall include findings of the pharmacist's monthly drug regimen review.

(3) A utilization review program which shall be a system of policies and procedures designed to ascertain and assure the clinical necessity of acute inpatient psychiatric services for patients using the facility.

(b) The clinical staff shall meet at least monthly. Minutes of each meeting shall be maintained for at least 1 year and shall be available for review by the Department.

(c) Patients shall be admitted only upon the order and under the care of a member of the clinical staff who is lawfully authorized to diagnose, prescribe and treat patients. The patient's condition and provisional diagnosis shall be established at time of admission by the admitting practitioner subject to the provisions of Section 77073.

(d) In order to carry out the functions as specified in this section, professionals who are not members of the organized clinical staff may be utilized. These professionals include, but are not limited to, pharmacists, dietitians, occupational therapists, physical therapists, recreation therapists, registered record administrators or licensed nursing staff.

NOTE: Authority cited: ~~Sections 208(a) and Section~~ 1275, Health and Safety Code.

Reference: Section 1275.1, Health and Safety Code.

#### Article 4. Administration.

##### AMEND

##### Section 77091. Administrator of Business and Support Services.

(a) Each facility shall have an administrator who has primary responsibility for business and support services for the clinical program.

(b) ~~The administrator shall be accountable to the clinical director.~~ The administrator shall have direct access to the clinical director for the purpose of communicating the status of business and support services of the psychiatric health facility.

NOTE: Authority cited: ~~Sections 208 (a) and~~ Section 1275, Health and Safety Code.

Reference: Sections 1275.1 and 1276. 1, Health and Safety Code.

## AMEND

### Section 77093. Clinical Director.

(a) Each facility shall have a clinical director who shall direct the clinical program, provide general direction to professional and non-professional staff, and be responsible for the quality of clinical services performed in the facility. The clinical director shall be a licensed mental health professional. The clinical director shall have at least three years of post-graduate direct clinical experience with the mentally disordered.

(b) ~~The clinical director shall be administratively accountable to the governing body.~~  
When the clinical director is part of the overall structure of a county mental health program, the county organization chart must show a line of reportability to the director of mental health.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.  
Reference: Sections 1275.1 and 1276. 1, Health and Safety Code.

## AMEND

### Section 77103. Behavioral Restraint And Seclusion.

(a) Behavioral restraint and seclusion shall only be used as a measure to protect the patient from injury to self or others.

(b) Behavioral restraint and seclusion shall only be used upon a physician's or clinical psychologist's written or verbal order, except under emergency circumstances. Under emergency circumstances behavioral restraint may be applied and then an order obtained as soon as possible, but at least within one hour of application. Telephone orders shall be received only by authorized professional staff, shall be recorded immediately in the patient's health record and, within twenty-four (24) hours, weekends and holidays excepted, and signed by the prescriber.

(c) Behavioral restraint and seclusion shall not be used as punishment or as a substitute for more effective programming or for the convenience of the staff.

(d) Orders for behavioral restraint and seclusion shall be in force for not longer than 24 hours.

(e) There shall be no PRN orders (as needed orders) for behavioral restraint and seclusion.

(f) Patients in restraint shall remain in staffs' line of vision and shall be afforded protection from other patients who may be in the area.

(g) A patient placed in behavioral restraint or seclusion shall be checked at least every 15 minutes by professional staff to assure that the restraint remains properly applied or that the patient has not harmed him/herself. A written record shall be kept of these checks and maintained in the individual patient's health record.

(h) Regular range of motion exercise of at least ten (10) minutes every two (2) hours shall be provided to restrained patients. When range of motion is contraindicated, a physician or a psychologist shall document the reason in the patient's record.

(i) ~~Physical~~ Behavioral and treatments restraints shall be utilized only with patients being treated pursuant to Sections 5150 et seq. of the Welfare and Institutions Code or who are judicially committed.

NOTE: Authority cited: ~~Sections 208 (a) and~~ Section 1275, Health and Safety Code.

Reference: Section 1275.1, Health and Safety Code.

## AMEND

### Section 77111. Nondiscrimination Policies

(a) No facility that receives any financial assistance from the State of California shall discriminate against or deny admission to any person, otherwise qualified, based on sex, age, race, color, religion, ancestry or national origin, or physical or mental handicap. Facility policies shall so state and apply to the appointment of the treatment staff, hiring of facility employees and the admission, housing and treatment of patients. While a facility may not discriminate against any group identified in this section, the facility may not admit a minor for whom it cannot provide protection from adult patients, appropriate treatment and educational services when applicable. No facility may admit a minor into the same treatment ward with adults as defined in Section 5751.7, Welfare and Institutions Code.

(b) Any bona fide nonprofit religious, fraternal or charitable organization, which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this section, may establish admission policies limiting or giving preference to its own members or adherents. Such policies shall not be construed as a violation of (a) above. Any admission of nonmembers or nonadherents shall be subject to (a) above.

(c) Facilities shall comply with the Americans with Disabilities Act (ADA), Public Law 101-336 of 1990 (42 U.S.C. §12101 et seq.) which guarantees equal opportunity for persons with disabilities.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.  
Reference: Sections 1270 and 1275. 1, Health and Safety Code; and Section 5751.7, Welfare and Institutions Code.

## AMEND

### Section 77113. Admission Policies.

(a) Each facility shall have and implement written admission and discharge policies encompassing which licensed health professionals may admit patients, the types of diagnoses for which patients may be admitted, limitations imposed by law or licensure, staffing limitations, rules governing emergency admissions, policies concerning advance deposits, rates of charge for care, charges for extra services, limitations of services, termination of services, refund policies, insurance agreements and other financial considerations, discharge of patients and other relevant functions. These policies shall be made available to patients or their agents upon admission and upon request, and shall be made available to the public upon request.

(1) Only persons diagnosed with major mental disorders are to be treated in psychiatric health facilities.

(2) Psychiatric health facilities shall not admit and treat patients with the primary diagnosis of an eating disorder as defined in Section 1254.5(b) of the California State Health and Safety ~~code~~ Code.

(3) Psychiatric health facilities shall not admit and treat patients when the primary diagnosis is chemical dependency, chemical intoxication or chemical withdrawal.

(4) Individuals with major mental disorders shall not be admitted to a psychiatric health facility if their treatment requires medical interventions beyond the level appropriate to a psychiatric health facility, including:

(A) detoxification from substance abuse,

(B) treatment for substance induced delirium.

(b) A facility shall accept and retain only those patients for whom it can provide adequate care, including but not limited to the provisions of Section 77135.

(c) A minor shall not be detained in a facility against the will of his or her parent or legal guardian. In those cases where law permits minors to contract for or consent to the type of medical care provided by the facility, without the consent of their parent or guardian, they shall not be detained in the facility against their will. This provision shall not be construed to preclude or prohibit attempts to persuade patients to remain in the facility in their own interest, nor the temporary detention of patients for the protection of themselves or others under the provisions of the Lanterman-Petris-Short Act (Welfare and Institutions Code, Section 5000 et seq.), if the facility has been designated by the county as a treatment facility pursuant to said act, nor to prohibit minors legally capable of contracting for or consenting to medical care from assuming responsibility for their discharge.

(d) Within 24 hours after admission or immediately before admission, every patient shall have a complete history and physical examination unless a history and physical examination has been completed within the previous 30 days and is determined by the attending physician to be current.

(e) No inpatient shall be transferred or discharged for purposes of effecting a transfer, from a facility to another facility, unless arrangements have been made in advance for admission to such health facility and the person legally responsible for the patient has been

notified or, in the case of an emergency, documented attempts to contact such person have been made and a responsible person cannot be reached. A transfer or discharge shall not be carried out if in the opinion of the clinical director such transfer or discharge would be contraindicated, unless there exists no legal basis to do so. This section shall not be construed to prohibit the transfer or discharge of a patient pursuant to court orders.

(f) There shall be a method of prompt and accurate identification of each patient admitted to the facility.

NOTE: Authority cited: ~~Sections 208(a) and Section~~ 1275, Health and Safety Code. Reference: Section 1275. 1, Health and Safety Code; and Section 4080(f)(1), Welfare and Institutions Code.

## AMEND

### Section 77117. Personnel Policies.

(a) Each facility shall adopt and implement written personnel policies concerning qualifications, responsibilities and conditions of employment for each classification employed which shall be available to all personnel. Such policies shall include but not be limited to:

(1) Hours of work.

(2) A plan for orientation for all new staff members that shall ensure that all new staff providing program services shall receive at least 20 hours of orientation and training within 60 days of employment. Staff attendance shall be documented. Initial training shall include, but not be limited to, the following:

(A) Orientation to all policies, procedures and objectives of the facility.

(B) Orientation to special needs of the mentally disordered.

(C) Orientation to overall concepts of programs to meet the special needs of the mentally disordered.

(D) Orientation and training in specific program techniques being used in the facility to meet the identified program needs of the patients.

(3) A plan for at least annual evaluation of employee performance.

(4) A plan to conduct a background investigation, including previous employment and criminal background information, on prospective employees.

(b) The facility shall provide for a continuing inservice education program designed to improve patient care and employee efficiency. This training shall include, but not be limited to, suicide prevention techniques, management of assaultive behavior techniques and cardiopulmonary resuscitation (CPR). All staff members shall attend and attendance shall be documented. Continuing inservice education shall be provided by the facility or obtained by the staff at ~~the~~ an annual rate of ~~one hour~~ 48-hours ~~per week~~ for full time staff. Part time staff accrual rates shall be prorated to be consistent with their part-time status.

(c) Personnel policies shall require that employees and other persons working in or for the facility familiarize themselves with these regulations and such other regulations as are applicable to their duties.

(d) The facility shall recruit qualified personnel. Mental health workers shall work under the direct supervision of qualified mental health professionals.

(e) If language or communication barriers exist between facility staff and patients, arrangements shall be made for interpreters or for the use of other means to ensure adequate communications between patients and personnel.

(f) All personnel shall wash their hands before and after coming in direct contact with any linen or food.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.

Reference: Section ~~1675.1~~ 1275.1, Health and Safety Code.



## AMEND

### Section 77125. Advertising.

(a) No facility shall make or disseminate any false or misleading statement, or advertise by any manner or means any false or misleading claims regarding services provided by the facility.

(b) No facility shall allow false or misleading claims regarding services provided by the facility to be made by a third party or entity on behalf of the facility.

(c) No facility shall allow the use of its name or logo to be used in advertising by third parties.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.

Reference: Section 1275. 1, Health and Safety Code.

## AMEND

### Section 77135. Patients With Reportable Communicable Disease, Physical Illness or Physical Injury.

#### (a) Reportable communicable diseases:

~~(a)~~(1) Persons with a communicable disease that is required to be reported by Title 17, California ~~Administrative~~ Code of Regulations, Section 2500, shall not be admitted to the facility.

~~(b)~~(2) A patient who after admission is diagnosed as having a reportable communicable disease or being a carrier shall be promptly transferred to a facility capable of accommodating such patients.

#### (b) Non-reportable disease or injury:

~~(c)~~(1) Psychiatric health facilities ~~are to shall~~ arrange alternative treatment settings for patients with injuries or ~~communicable~~ diseases **that require inpatient medical care**. When a patient's particular injury or disease would ordinarily be treated on an outpatient basis absent the mental condition disorder, the facility may admit the patient only if the facility has appropriate policies, procedures and resources to ensure the safety of other patients and staff.

(2) A patient, who after admission is diagnosed as having a disease or injury, may be treated in the facility if the patient's particular injury or disease would ordinarily be treated on an outpatient basis. The facility may treat the patient for the injury or disease only if the facility has appropriate policies, procedures and resources to ensure the safety of other patients and staff.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.  
Reference: Section 1275. 1, Health and Safety Code.

## AMEND

### Section 77139. Health Record Service.

(a) The facility shall maintain a health record service in accordance with accepted professional standards and practices. The health record service shall have sufficient staff, facilities and equipment and be conveniently located to facilitate the accurate processing, checking, indexing and filing of all health records.

(b) The health record service shall be under the direction of a staff member who has training and experience in records administration. This designated staff member shall be assisted by such qualified personnel as are necessary to conduct the service. A registered record administrator or accredited records technician shall provide consultation as necessary to designated staff members responsible for record administration.

(c) If a facility, in addition to inpatient services, is providing ~~outpatient or day treatment~~ structured outpatient services or crisis intervention, a unit health record system shall be established.

(d) The facility shall have a continuing system of collecting and recording data that describe patients served in such form as to provide for continuity of care, programming services, and data retrieval for program, patient care evaluation, and research. Health records shall be stored and systematically organized to facilitate retrieving of information.

(e) Policies and procedures shall be established and implemented to ensure the confidentiality of an authorized access to patient health information, in accordance with federal, state, and local laws and acceptable standards of practice.

NOTE: Authority cited: ~~Sections 208(a) and~~ Section 1275, Health and Safety Code.  
Reference: Section 1275. 1, Health and Safety Code.